The Hampden Hippocrat

SEPTEMBER
1972

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THE HAMPDEN HIPPOCRAT

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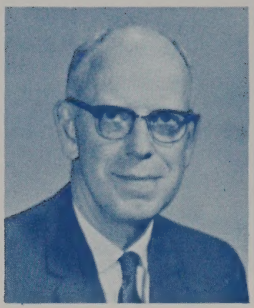

A MESSAGE FROM DONALD R. HAYES, M.D.

MMS DELEGATE TO THE AMA HOUSE OF DELEGATES

In the last June issue of *The Hampden Hippocrat,* Max Millman, M.D., discussed in his customary perceptive manner the issue of "Democracy and the House of Delegates." I agree completely with his observation that there is very little in this world that cannot be improved. Dr. Millman lays emphasis on the manner of election of Delegates but I would like to add some thoughts aimed toward the development of the "more democracy" to which he refers.

Membership in the House of Delegates is based upon a ratio of one Delegate for each thousand physicians who are members of the AMA. Massachusetts has five Delegates with a potential of eight or nine. By increasing our membership n the AMA, we increase our voice in its deliberations. This is more democracy.

Resolutions on subjects of importance to all physicians emanate from individual physicians, District or State Societies, or delegations. The preparation of these resolutions at the local level insures that the voice of the "grass roots" will be heard.

When resolutions are introduced in the House of Delegates, they are referred to a Reference Committee where the pros and cons are discussed at length. Any member of the AMA, be he Delegate or not, is welcome to speak his piece and it is the weight of the evidence presented in this open forum that shapes the report of the Reference Committee. The report is then presented to the House of Delegates where it may be amended, accepted or voted down. How many members of Hampden District have appeared before a Reference Committe to exercise his franchise? Failure to utilize the tools of democracy should not lead to criticism of the process.

Every Delegate is anxious to hear from his constituents as to their wishes or feelings on any subject. Unfortunately, this happens too rarely. I can recall only two instances where the Massachusetts' Delegation was adequately informed as to the wishes of its constituents – once for approval of Social Security for physicians and once when the AMA group insurance program was threatened. On these two occasions the desires came through loud and clear and the Delegates responded. To be sure, there are many occasions when your Delegate must listen carefully to the evidence presented and then vote according to his own judgment. At the same time, however, it would be nice to know how his colleagues feel about it.

To get back to Dr. Millman's basic theme, I do not really believe it makes much difference how the Delegates are elected as long as they are *elected* and not *appointed,* particularly if the membership maintains a sufficiently active interest in what is going on to prime his Delegate with ideas, wishes and opinions. I do, however, have a strong opinion based on 10 years service in the House of Delegates, on the role of Alternate Delegates. It takes a while to become an effective member of the House. This is acquired by membership of Reference Committees, becoming known to your fellow members and getting the general feel of things. In the New England Delegation we meet every morning at early breakfast and again at lunch to discuss at length the various issues at hand. Various members – including Alternate Delegates – are assigned to attend or speak at Reference Committees and report back. In this way the Alternate Delegate becomes well informed. Too often in Massachusetts an Alternate

Delegate will be elected for a term or two and then be replaced. It is my feeling that an Alternate Delegate should be elected with the thought in mind that he will eventually become a Delegate. My own experience as an Alternate proved to be invaluable when I became a Delegate. With this in mind, I would also suggest that the Nominating Committees consider such things as how long a Delegate should serve, his degree of interest and participation, his attendance record and the like, with the same criteria applied to the Alternate when it becomes time to decide who should move up.

I congratulate Dr. Millman for bringing this whole subject up for thought and admit that it has stimulated me once again to remind the membership that your Delegates are ready and willing to listen and that it is really a lot more productive to participate than it is to stand on the fringe and complain. It is more fun too!

Donald R Hayes MD

COVER: Our hard working representatives at the AMA's House of Delegates meeting in San Francisco.
L. to R. – John W. Norcross of Charles River, Donald R. Hayes of Hampden and Claude E. Welch of Middlesex South.

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(Editor's Note: The following are highlights of actions of the AMA's House of Delegates meeting as issued from the office of the AMA's Executive Vice President.)

An eloquent plea by new President Carl A. Hoffman that unionization of Medicine be rejected; historic action in regard to graduate medical education, and approval of representation for medical students in the House of Delegates highlighted the annual meeting. In addition, results of the first AMA membership poll were presented to delegates – showing an overwhelming number of physicians endorsing AMA efforts to retain the basic principles of private practice in any government health program that might be enacted.

Meeting for a total of 17 hours and 20 minutes, the House acted on 59 reports and 130 resolutions.

ELECTIONS

Delegates named Russell B. Roth of Erie, Pa., President-Elect.

In addition to Dr. Roth, others elected or re-elected to Association positions were:

Vice President; Norman H. Gardner, Connecticut; Speaker of the House: J. Frank Walker, Georgia; Vice Speaker of the House: Tom E. Nesbitt, Tennessee.

Trustees: Jere W. Annia, Florida (re-elected); Burt L. Davis, California (re-elected); Robert B. Hunter, Washington, (re-elected); and Max H. Parrott, Oregon, (re-elected).

Judicial Council: Burns A. Dobbins, Florida (succeeding Elmer G. Shelley, Florida).

INAUGURAL ADDRESS

Carl A. Hoffman, President of the AMA began his address by posing the following question: "Shall the House of Medicine be a House united – or a House divided?"

"That, in my judgment, is the central question before us at this moment in our history," The AMA's 127th president said. He noted the factionalism in the profession assumes a number of forms but "one form requires special comment."

"The cry for unionism is being raised in our profession as never before. There is no doubt that trade unionism has been an effective and valuable social instrument in our nation. But is it a proper activity for physicians to engage in?"

It is not, Dr. Hoffman said, because "unionism seeks its objectives through group power – and it achieves its power by carefully controlled conformity.

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profession have raised against government-controlled medicine. The source of power of unionism lies in its ultimate weapon – the strike. A strike, even the threat of a strike, is a threat to withhold services. It is, therefore, *a violation of medical ethics.*

"Cynics may scoff, but millions of Americans still do enjoy a close personal relationship with their physicians. Polls prove conclusively that, despite all the negative comments, Americans by and large still believe in *their* doctors, in our commitment to our profession and to our patients."

Dr. Hoffman cautioned physicians to "consider well and carefully" before choosing unionism. As an alternative, he called for unity in the profession through a representative consensus, as found in the AMA.

"We as a profession must have impact on all the matters that concern us – on medical education, on peer review, on quality of care, on government programs," he said. "We can have that impact only if we are able to exert the power that derives from unity ... Not controlled conformity ... Unity – acceptance of a representative consensus."

On other matters, Dr. Hoffman said, "Peer review is an idea whose time has come. With the acceptance of the third party payor system, we accepted the ultimate necessity for certain controls by those who pay the bills. It is in the public interest – and in our own interest – to develop a flexible mechanism that is credible to the public, and does not lower the dignity of the profession ... Peer review was initiated by the profession itself. It would be tragic and a dereliction of duty if we were to surrender that initiative to others. It is not only the better part of valor, but the best part of realism, not to let that happen."

Dr. Hoffman, expressing concern over a "health systems comparisons game" involving the U.S. and other nations, announced he would visit England, Sweden, Russia and perhaps China to study their health care systems. "I want to see what they are doing that might be of advantage to our system and perhaps offer some of our knowledge to them," he said of the trip, set for the first few weeks in July. He also said he would study health care problems at home, including those of Indians on reservations and the rural poor. "My findings will be (promptly) reported to you and the American public."

Concluding, Dr. Hoffman addressed himself to younger members of the House and to new physicians in general. He said he believed in years to come they would

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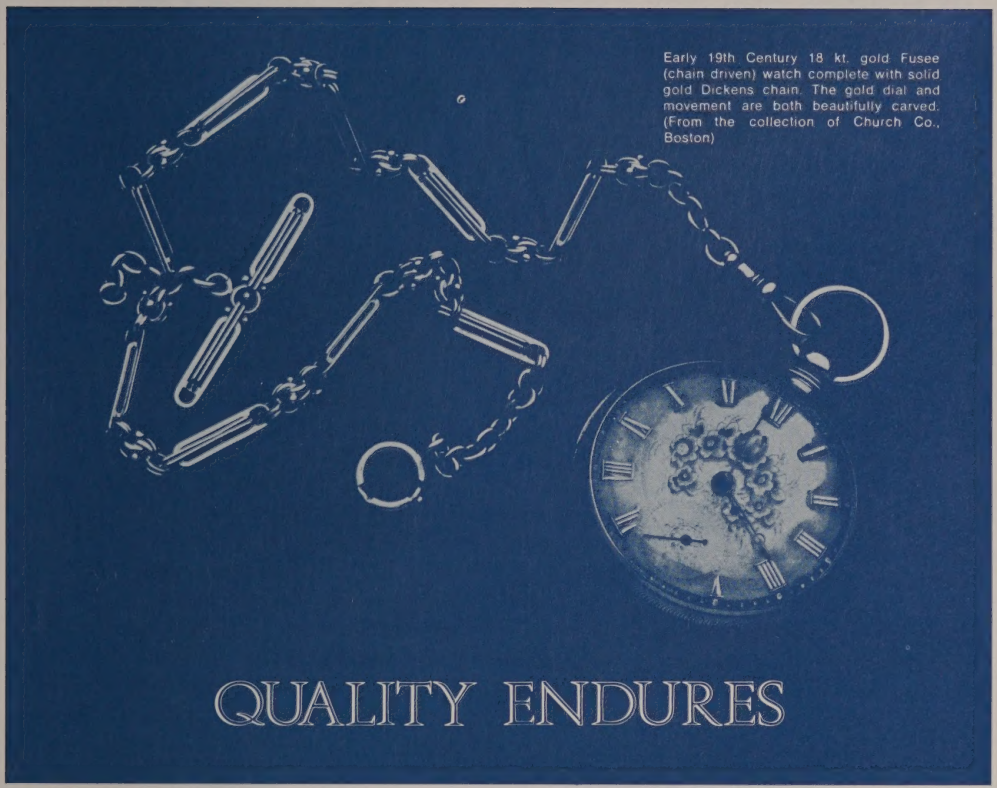
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find that "this association alone represents American medicine." And as our society becomes more complex and the government larger, "there is an even greater need for institutionalized power outside of government," he said.

"In a few years this House of Medicine will be yours. Alter this House as you will . . . strengthen it if you can . . . but above all, preserve it."

FINAL REPORT

Wesley W. Hall, President of the AMA also called for unity in the medical profession.

"Ask not what your profession can do for you, but ask yourselves what you have done, what you can do, what you are doing, and are willing to do for your profession, today, tomorrow and all the tomorrows to follow," he said.

During his term, Dr. Hall said, "I have attempted to visit with every doctor possible at every medical meeting I have attended." Because "you gave me a job to do – to help represent the medical profession to emphasize across the width and breadth of this land that our Profession is one of *service* to our patients and the American public – a magnificent profession."

Of his remarks at the last annual and clinical sessions Dr. Hall said: "It is quite obvious (they) were not received by all with overwhelming enthusiasm and accord. I was trying to convey to you the message: Not 'tell-it-as-you-want-to-hear-it' but 'tell-it-as-it-is.' "

He told of seeing, as a young boy, how a train could not move on icy tracks until sand was placed on the tracks. "You see," he quoted the station master as saying, "without friction there can be no forward progress."

Dr. Hall concluded with a number of recommendations for consideration by the House, including:

1. Study of physician manpower supply and medical schools to determine precisely how many doctors the country needs, and how they should be distributed. He noted that lack of careful planning resulted in an oversupply of teachers and engineers, with resulting unemployment of those professionals.

2. Better liaison with medical schools.

3. A National Speakers' Bureau of the AMA.

4. Improvement of liaison with constituent and component societies.

5. A management survey of AMA.

6. A three-times yearly report from AMA to delegates and state society officials showing current AMA membership, state by state. "This would offer a challenge and stimulus to work even harder in bringing all eligible members into the AMA family," Dr. Hall said.

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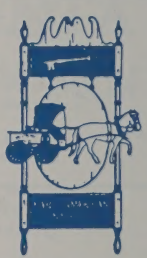
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OPINION POLL

The House received, and adopted, results of the first membership opinion poll on critical issues affecting the practice of medicine. The overwhelming majority of 94,000 respondents (73.1%) recommended that the AMA continue to seek to retain the basic principles of private practice in any government enacted health program. And more than half (55.7%) preferred the AMA plan of national health insurance over all others. The AMA plan was four times as acceptable as the next most preferable option, which was catastrophic coverage only (14.1%). If compulsory health insurance were adopted, 28.1% of respondents said they would continue private practice "with those patients who would pay my private fees" and 24.6% said they would "join the federal program and continue to practice under it." Many (21.6%) were undecided as to what they would do.

On the work of the Association, programs which received the greatest percentage of responses indicating "not enough" emphasis were: communications to the public (62.5%); practice management problems (39.8%) and socio-economic issues (35.1%). A majority of members indicated AMA was placing "proper" emphasis on: scientific activities (66.3%); membership benefits (51.8%) and communication to the medical profession (55.2%).

The questionnaire went to 177,882 non-federally employed members and 94,035, or 52.9%, questionnaires were returned. The questionnaire also was sent to a random sample of 4,500 members, including federal physicians, and a random sample of 3,000 non-members of the AMA to test sampling techniques as a possible tool for use in future surveys.

PHYSICIANS' ASSISTANTS

Reflecting concern for "potential problems which could arise," the House approved a policy opposing employment of physicians' assistants in hospitals. The move was recommended by the Council on Health Manpower and the Board of Trustees. "The Council believes that direct responsibility to and supervision by a physican is a critical element in the safe and effective performance of a physician's assistant," the report said. To the report's recommendation that an assistant "not function in that capacity when an employee of and paid by a hospital," the House added – "or (employed" by a fulltime, salaried, hospital-based physician."

Also adopted were the proposed guidelines for compensating physicians for services of physicians' assistants. It

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urged legislation to empower state boards of medical examiners to approve a physician's employment of an assistant and to approve proposed functions of the assistant, as described by his employer. Reimbursement for assistant's services should be made directly to the employing physician.

ALLIED PERSONNEL

Also adopted was a report of the Board dealing with education and utilization of allied health manpower. Some of its recommendations urged AMA to:

1. Continue to support efforts to increase the number and improve the utilization of medical, nursing and allied personnel until 1975, with re-evaluation then on the need for further efforts.

2. Continue to support improvement of the professional and financial potential of allied health careers.

3. Continue efforts to expand allied health career opportunities for minority and disadvantaged groups.

4. Strongly reaffirm support of an expanded role for the nurse in providing patient care, and study the nurse's role in relation to the physician assistant, so the two professions can complement rather than duplicate one another.

GRADUATE MEDICAL EDUCATION

In a major step, the House approved a report of the Board, which establishes a Liaison Committee on Graduate Medical Education and a Coordinating Council on Medical Education.

The panels will include representatives of the AMA, Association of American Medical Colleges, Council of Medical Specialty Societies, American Hospital Association, the public and federal government. The House decreed, in an amendment, that AMA's four representatives to the Committee will be appointed by and from the Council of Medical Education, and the three Council representatives elected by the House, with the first election at the 1972 Clinical Convention. Continuing a spirit of recognition for young physicians and medical students, the House also added this amendment:

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"As soon as feasible after formation of the Committee and Council, AMA representatives (will) institute negotiations to provide representation from interns and residents on the Committee, and from interns, residents and medical students on the Council."

MARIHUANA

The House refused to accept the statement in a Board report which said, "possession of marihuana for personal use and transfer (not sale) of insignificant amounts should not be criminal acts." After extensive debate, this substitute recommendation was adopted:

"This AMA House of Delegates does not condone the production, sale or use of marihuana. It does, however, recommend that the personal possession of insignificant amounts be considered at most a misdemeanor with commensurate penalties applied."

The substitute recommendation continued (in agreement with the original): "(The House) also recommends its prohibition for public use; and that a plea of marihuana intoxication should not be a defense in any criminal proceeding."

FEE DETERMINATIONS

Delegates approved a strong resolution aimed at any independent determination of customary physicians' fees:

"Resolved, that where benefits include physicians' fees, management, labor and third party carriers shall consult with duly constituted representatives of organized medicine before determining 'usual, customary and reasonable fees'," the measure said.

The resolution was adopted in lieu of several others, all protesting actions of Aetna Life and Casualty Insurance Company. It added:

"The medical profession will not condone or tolerate action on the part of any third party that would encourage or promulgate litigation in the settlement of any such dispute." This referred to a practice of telling policy holders that – except where there was prior agreement between patient and physician as to the fee – the insurance company would pay the patient's legal costs if the physician sued to collect his full fee.

The resolution also reminds physicians "that they have the right to enter into prior agreement with patients regarding the fee for services to be rendered."

MEDICAL STUDENTS

Bylaw changes which give medical students membership in the AMA and representation in the House of Delegates were approved by the House. A new class of direct membership for students was created, as was done previously for interns and residents. Such membership is available to members in good standing of the Student American Medical Association, or upon application with endorsement of two regular members of the AMA on the faculty of the student's school, provided there is no disapproval of membership by the Judicial Council. Students will elect their delegate and alternate delegate at a business meeting

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will be held on
TUESDAY, OCTOBER 10,1972

SPEAKER: Carroll Leevy, M.D.
Professor and Chairman
Dept. of Medicine
New Jersey College of Medicine

TOPIC: "VIRAL HEPATITIS AND ITS VARIANTS"

CLINIC: Providence Hospital at 5:00 P.M.
* Dinner at 6:30 P.M.
* Formal Lecture at 8:00 P.M.

*Reservations for dinner can be made by calling Mrs. Mildred Lund at 734-5445.

the day before each annual convention opens, with delegates to serve until the next annual session. Student dues are to be decided later by the House.

GROUP DISABILITY

The House approved acceptance of a new contract with the Fireman's Fund Insurance Co. to continue the AMA Group Disability Insurance Program. The contract is to run five years, ending Sept. 1, 1977, although the program is not guaranteed beyond Sept. 1, 1974. There will be no increase in premium, but benefits will be reduced by 50 per cent from age 65 through 69, and an additional 50 per cent at age 70, remaining at that level for life. The amount of benefits payable for accidents will be reduced the same as sickness benefits. The Board said Fireman's Fund insisted on the change and that no alternate carrier could be found.

ASSOCIATION AND HOUSE MATTERS

Several proposals dealing with AMA structure and delegate representation and terms of office were considered. The House adopted a resolution endorsing preservation of the AMA as a federation of constituent and state medical associations, with proportionate representation as at present. It also directed the Council on Long Range Planning and Development "to consider and explore any and all methods whereby medical specialty societies and other medical organizations may have more input into the AMA . . . "The question of geographic representation on the Board of Trustees also was referred to the Council, with instructions to report back no later than the next annual meeting. On a proposal that trustees be limited to one six-year term, the House voted to ballot on the matter at the 1972 clinical meeting. The ballot will contain four choices for trustee terms: 3 year term, maximum 3 terms, as at present; 3 year term, maximum 2 terms; 4 year term, maximum 2 terms, and 6 year term, maximum 1 term.

Resolutions must be submitted to Headquarters no later than 30 days prior to opening of the session at which it is to be considered, the House decreed. However, a constituent society whose House adjourns during, or one week before, the 30 day period is allowed 7 days after its meeting ends to submit resolutions.

MISCELLANEOUS

The House adopted a Board report E, which says, "Insurance carriers should be urged to provide nondiscriminatory coverage for alcoholism and drug dependence."

The Interspecialty Committee was elevated to the status of Interspecialty Council. Since the committee's establishment in 1966, Board report said, it has enabled representatives of specialty groups "to confer and exchange ideas on major issues confronting medicine and has enabled the specialty societies to participate in the formulation of AMA policy decisions."

Essentials of approved educational programs for urologic physicians' assistants, respiratory therapy technician and respiratory therapist, and for medical assistants in pediatrics were adopted.

Paul Dudley White of Boston, internationally famed heart specialist, received the fifth annual Sheen Award (including a check for $10,000) for outstanding contributions to medicine.

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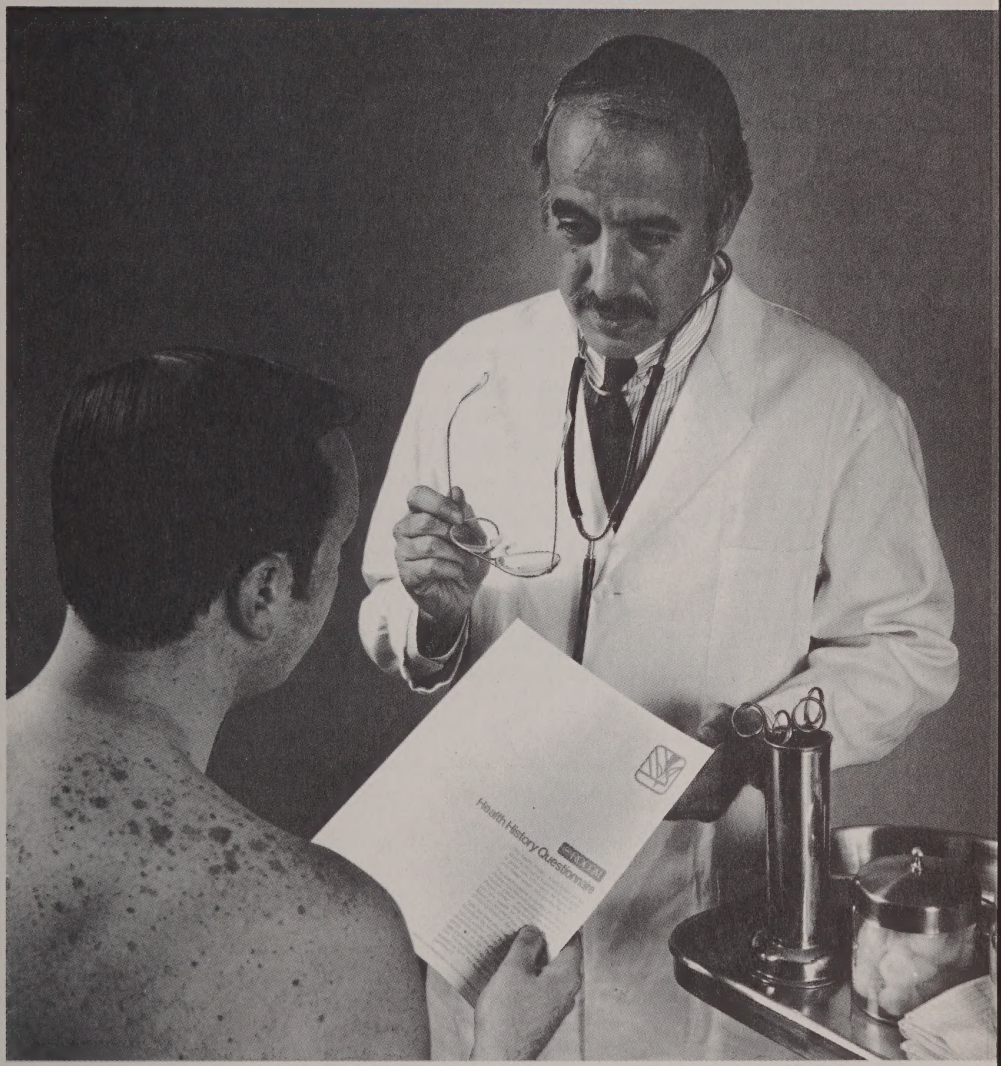

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ROCOM Health History Questionnaire

ROCOM Health History Questionnaire (Spanish)

ROCOM Patient Data Base System

ROCOM Branching Health History Questionnaires for:

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Cardiovascular
Gastrointestinal
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2. ROCOM Health History Questionnaire (Spanish)*

Identical to the questionnaire described above, except that questions are in Spanish and the answers in English. The form translates for you. If you have Spanish-speaking patients, and if your Spanish is weak, this questionnaire will help to narrow the communication gap.

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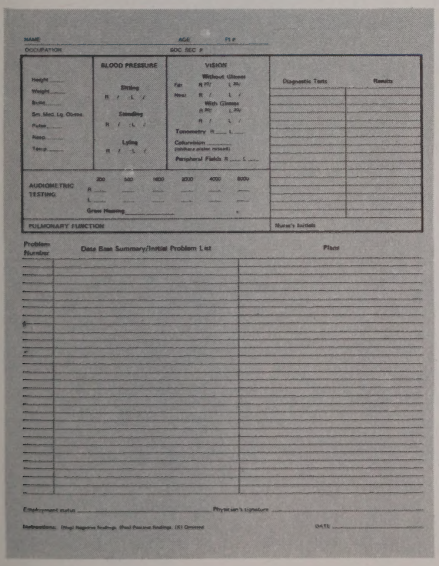
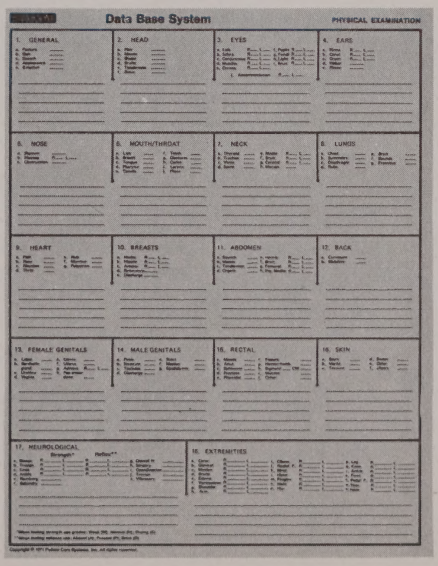
The ROCOM Data Base System is recommended whenever you perform a physical examination on a new patient and for periodic examinations of established patients.

Choose the one or more components of the ROCOM Health History System that fill your requirements. Your needs may be suited best by the Health History Questionnaire, which covers the patient's over-all medical background. You may require a branching questionnaire for in-depth investigation of a specific system. Or you may want to use both. Either one saves your time, for the patient fills it out before his appointment and the pertinent answers are readily discernible. Both are particularly useful if you are developing a data base for eventual problem-oriented medical record-keeping.

Your patients answer questions like these:				Your summary sheet shows this:
15. Are you very nervous around strangers?	15.	Yes X	No ___	X nervous with strangers
16. Do you find it hard to make decisions?	16.	Yes X	No ___	X difficulty making decisions
17. Do you find it hard to concentrate or remember?	17.	Yes ___	No X	___ lack of concentration or memory
18. Do you usually feel lonely or depressed?	18.	Yes ___	No X	___ lonely or depressed
19. Do you often cry?	19.	Yes X	No ___	X cries often
20. Would you say you have a hopeless outlook?	20.	Yes ___	No X	___ hopeless outlook
21. Do you have difficulty relaxing?	21.	Yes ___	No X	___ difficulty relaxing
22. Do you have a tendency to worry a lot?	22.	Yes X	No ___	X worries a lot

In Spanish, this is how the questions appear:				But your sheet is still in English:
15. ¿Se pone nervioso en presencia de personas extrañas?	15.	Sí X	No ___	X nervous with strangers
16. ¿Se le hace difícil tomar decisiones?	16.	Sí X	No ___	X difficulty making decisions
17. ¿Se le hace difícil concentrar o recordar?	17.	Sí ___	No X	___ lack of concentration or memory
18. ¿Se siente solo o deprimido?	18.	Sí ___	No X	___ lonely or depressed
19. ¿Llora a menudo?	19.	Sí X	No ___	X cries often
20. ¿Diría usted que tiene una perspectiva irremediable?	20.	Sí ___	No X	___ hopeless outlook
21. ¿Tiene dificultad en relajar o reposar?	21.	Sí ___	No X	___ difficulty relaxing
22. ¿Tiende a preocuparse demasiado?	22.	Sí X	No ___	X worries a lot





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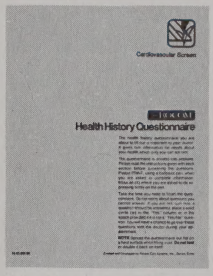
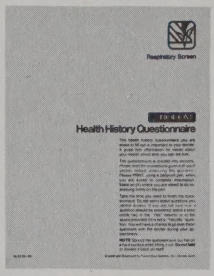
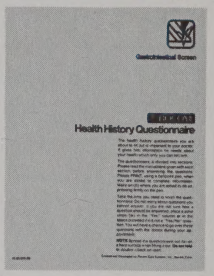


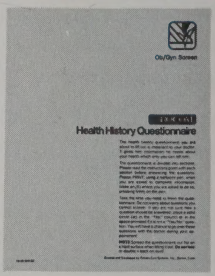
Cardiovascular



Respiratory



Gastrointestinal



Obstetrics/ Gynecology

You can utilize these branching questionnaires to obtain second-level, in-depth screening of specific body systems. Each questionnaire probes deeply into a particular area, providing between 100 and 216 answers in this specialized category. Since the questionnaires are self-administered by the patient, you save valuable time in obtaining this background information.

Physicians in General Practice or Family Practice may prefer to use the branching questionnaires as adjuncts to the basic ROCOM Health History Questionnaire and/or the ROCOM Data Base System. Specialists, on the other hand, may feel that a specific branching questionnaire, used alone, will provide sufficient essential data.

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ROCHE

MORE ON AMA DELEGATES

This column rarely evokes more than a ripple. The most recent one (June, 1972), did much more than that. A number of fellow members actually came forth to express their interest and approval. The aforementioned column, it should be recalled, advocated the popular ballot method of electing delegates to the AMA's House of Delegates.

Now we learn that, in addition to Florida already employing this method, other parts of the country have voiced similar and kindred views. Thus we read that the physicians of California have already been polled to determine whether they favored electing their AMA delegates by popular ballot. A short while ago their state society had asked its districts to complete their local polls by September 1, 1972. The American Medical News (6/5/72) concludes its California report as follows: "CMA last February became the first state medical society to authorize direct election of AMA delegates."

A number of our colleagues in Minnesota have gone even further. There they have asked for the direct election not only of delegates but also of the AMA's officers and its Board of Trustees, the latter to be chosen on a regional basis. These views were presented by several physicians in May, 1972, when they appeared before the AMA's Council on Long-Range Planning and Development. As one of these physicians expressed it: "Any mechanism that would bring closer to the individual member the sense of selection and representation to the AMA should help to weld a stronger membership."

At the same council meeting attention was called again to the well known fact that ". . . the method by which AMA delegates are named is decided solely by the individual states and not by the AMA. Any change in the selection process, including direct election of delegates on a geographic basis, would have to be made by the policy-making bodies of each state society. The manner in which officers and trustees are elected, however, is spelled

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out in the AMA constitution and bylaws."

During his visit here last winter, Dr. Wesley W. Hall spoke eloquently of the need for restructuring the AMA, headed by him at that time. In an interview by *The Hampden Hippocrat,* he stressed the need for a new look at how AMA officers are elected. One of the definitive changes suggested by him was the inclusion of more youthful members in the House of Delegates. At the present time most of the delegates are over 60 and the youngest is 42 years of age. This change, he pointed out, would not only be good for the future of medicine but would also insure a more equitable representation of all age groups.

Admittedly the change from the existing order will present some difficulties. Most likely it will require a polling of the membership of each district society. It will necessitate one or more district resolutions to be brought before the Council of the MMS. Most certainly it will call for a change in bylaws. Finally, it will entail the nomination of a much larger number of candidates from which the membership will elect the delegates of their choice. But the results may more than justify the effort. As of now some of our members are totally unaware of the parliamentary process under which we operate, and quite a few are under the impression that our delegates are designated "from above" – Boston or Chicago.

It is fair to assume that the direct ballot system may well serve to correct this erroneous impression. It may also serve to remove all suspicion of self-perpetuation on the part of the state societies and of "colonialism" on the part of the AMA. Finally, it may serve to give the average grass-root member the feeling of truly being a part of the AMA and that the AMA truly is *his* organization.

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3411 Silverside Road, P.O. Box 751
Wilmington, Delaware 19899
Phone: (302) 658-9311

President's Page
LET'S GET STRONG

Once again, we are faced with a request from "mother", the AMA, to be strong. In the July 3, 1972 issue of the *American Medical News,* it is said that the Delegates seek a strong AMA, and efforts are being made to increase membership and power. On Page 3 of the same issue, it is stated that the AMA takes a stand on third-party players. However, noting that they rejected an Oklahoma resolution to terminate all relationships with third parties and deal only with patients, they also referred to the Council of Medical service a resolution dealing with the confidentiality of insurance records. There was voiced further support for non-discriminatory coverage by insurance carriers for treatment of alcoholism and drug dependence. They recommended that all forms of health insurance provide coverage for treatment of psychiatric illnesses equal to that of somatic illness, and they warned against moves by any rules of third parties that would discontinue total–episode maternity benefits. The final form of the resolution asked multilateral, not unilateral development of fees profiles and stressed the importance of using peer review mechanisms to resolve disputes prior to threats of litigation. They decried any action that foments unnecessary litigation, reminded physicians of their right to enter prior agreement with patients on fees for services to be rendered, directed the Council of Medical Service to meet with Aetna to resolve the current problems and asked that all carriers be informed of the AMA policy.

I feel that the AMA is doing good work in this. However, I do think that they could be even stronger. As you know, in this district, we have been getting many letters from a particular insurance company namely, Aetna. This, to me, is the one company that is forcing the hands of physicians to unite. I think our definite union is only going to be through and by the Foundation, rather than through the AMA which is always watering down resolutions. I feel that our only way of dealing firmly and strongly with these outfits is through the Foundation rather than through the Societies. I think by having complete agreement on the Foundations and having contracts executed by them would be our most efficient and efficacious way of dealing with third-party payers. So, I feel that the membership in the Foundation is most urgent.

This is a personal feeling on my part. I feel that the AMA should give more power and more support to the Foundations and be a little more strong in their dealing with insurance carriers who threaten court suits against physicians on the basis of not having their patients pay fully reputable fees of the physician. Thus, I think the AMA, to get support, will have to take the stronger stand on these issues.

Once again, let me urge you to join the Foundation for Medical Care in our district as I think that through this method, we will be best able to deal with such difficulties that the third parties are pushing upon us at the moment.

Robert N. LaMarche M.D.

Robert N. LaMarche, M.D.

HIGHLIGHTS OF THE JUNE EXECUTIVE COMMITTEE MEETING

The Executive Committee met on June 6, 1972 at the HDMS headquarters.

Present were Drs. LaMarche, Asinas, Cummings, Stevens, Burke, Sheehan, Moore, Janovsky (guest) and Mrs. Purdy.

Absent were Drs. Zacarian, Goldberg, McHugh, Fisher and Bandeian.

WELFARE BILLING

Mr. Earle Tomkins and Miss Lynch of the Springfield Public Welfare Office were present to answer questions about welfare payments and problems.

Dr. LaMarche presented in detail the problems the practicing physicians have been having with welfare billing. The following points were brought out:

1. Vendor forms (PA-7) must be used since they are programmed for computer use, even though they are unwieldly.

2. The Welfare office will prepare a special section to pick up forms. Physicians' secretaries can place their order by telephone any week day except on the 1st and 15th in the morning. Welfare office personnel will have the package ready to go. Forms cannot be mailed because of expense.

3. Hopefully, computer billing and payment will occur sometime between July and September of this year. Location of computers will be in Boston.

4. Currently a billing cycle requires three months. If a physician's bill has not been paid within three months, he should telephone and/or resubmit the fee.

5. The backlog is caught up now. Any physician with unpaid bills should go to the Welfare Office for review and resubmission.

6. The most frequent cause of rejection of a physician's bill is lack of or incorrect patient code nunber and category. Soon patient's Social Security number will be his identification.

Dr. LaMarche called the meeting to order at 8:50 P.M.

The minutes of the May Executive meeting were read by Dr. Stevens and approved as read.

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NEXT MEETING
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HAMPDEN DISTRICT MEDICAL SOCIETY

TIME: Tuesday, September 26, 1972
Business Meeting, 6:00 P.M.
Social Hour, 7:00 P.M.
Dinner, 7:30 P.M.

PLACE: Highpoint Motor Inn
Chicopee, Mass.

SPEAKERS: Mr. Steven K. Riemer
"Health Care Foundation of Western Massachusetts"

Mr. David Webster of
Boit, Dalton & Church, Inc.
"Professional Liability Insurance Program of the Massachusetts Medical Society"

YOUR PRESENCE IS URGENTLY REQUESTED

Walter E. Stevens M.D.

*If you must cancel your dinner reservation, please call the office before noon on September 26, 1972.

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CORRESPONDENCE

Dr. Hough, Chairman of the Medico-Religious Committee of the MMS, wrote suggesting that at the joint meeting to be held on December 5, 1972, with the Springfield Academy of Medicine that Dr. Elizabeth Kuebler-Ross be considered as a speaker. Dr. Ross is the author of the book, "Death and the Dying". It was discussed and decided to await an answer from Dr. Hough, who is inviting Dr. Ross. The Committee approved of this program but would like to know how much the honorarium is to be and how it is to be paid.

Mr. Anneser of Springfield College wrote thanking Mrs. Purdy for her informative talk to the Health Educator class at the college.

Mr. Allen, President of the Hampden Bar Association, wrote saying that the Medico-Legal Code has not as yet been accepted and approved by the Bar Association.

A sample of a suggested Health History was sent in for approval for Senator Brooke's Summer Camp Project. Dr. Janovsky was consulted for suggestions. He suggested shortening the physical examination sheet to "passed" or "failed" because of ....." Miss Bilik will be notified.

OLD BUSINESS

WMHPC, Inc., wrote Dr. LaMarche asking for suggested names of physicians to serve on the Corporation, Board of Directors or Executive Committee of their agency. The names suggested by the Executive Committee of HDMS were: 1. Dr. LaMarche, Executive Committee, and Drs. Lorne Smith, Eugene Beauchamp, Jr., A. Asinas, Robert Grugan and C. Centeno for Incorporators or Board of Directors. These suggestions with addresses are to be forwarded to Mr. Heggie.

Dr. LaMarche gave a report of a meeting held in Boston with Mr. Spencer, Mr. Hoag, Dr. Asinas, Mrs. Purdy and himself relating to the request from the Springfield Newspapers on having a Health Section in the Roto Gravure Section in September. MMS has indicated that they will underwrite the cost of approximately $700. A meeting is to be held on June 12th with the above mentioned and the representatives from the newspapers.

NEW BUSINESS

Dr. LaMarche suggested that the MMS be contacted and a request put in that at least one Council Meeting be held in Springfield at the new Bay State West Hotel. Brochures will be obtained and sent to MMS.

Dr. Vincent Guardione was appointed to serve as HDMS advisor to the Hampden District Association of Medical Assistants.

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Dr. Walter S. Mozden was appointed as an Alternate to the Public Relations Committee.

Dr. Maurice Boivin was appointed as an Alternate to the Legislature Committee.

Speakers for the four district meetings were discussed.

September 26, 1972 – Mr. Webster of the Argonaut Insurance Company and Boit, Dalton & Church, Inc., and Mr. Steve Riemer, Attorney for the Health Care Foundation of Western Massachusetts, Inc. will be speakers for the evening.

December 5, 1972 – possible joint meeting with the Springfield Academy of Medicine – Dr. Ross (as mentioned above) if applicable.

February 6, 1973 – Dr. Carl Hoffman, President of the American Medical Association.

April 24, 1973 – the Annual Meeting – no speaker.

A news article that appeared in the local newspaper about the University of Massachusetts Law School was discussed. A protest relative to the quote that "the legal profession does not artificially decrease its membership by not having enough law schools the way the medical profession does by not having enough medical schools," will be submitted to the Hampden Bar Association and the Mass. Bar Association.

Dr. Stevens suggested that Dr. Janovsky be appointed as Assistant Secretary. The Committee approved of the appointment.

Two names were suggested by the Health Insurance Council to work with the Peer Review Committee. Mr. Emanuel S. Tesoro from the Massachusetts Mutual and Mr. Robert Kuehnel from the Aetna Life & Casualty were appointed and approved by the Executive Committee.

The Meeting was adjourned at 10:05 P.M.

The Grievance Committee met and heard four cases.

The meeting was adjourned at 10:40 P.M.

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Springfield Academy of Medicine

Program — 1972-1973

September 12, 1972
BENEDICT J. DUFFY, M.D.
Professor
Department of Preventive Medicine
Tufts University School of Medicine
"Health Maintenance Organizations"
NO CLINIC

October 10, 1972
CARROLL LEEVY, M.D.
Professor and Chairman
Department of Medicine
New Jersey College of Medicine
"Viral Hepatitis And Its Veriants"
CLINIC: Providence Hospital

November 14, 1972
KAARE LANGELAND, D.D.S., Ph.D.
Professor and Head
Department of Endodontics
School of Dental Medicine
University of Connecticut
"Bioloqical Aspects of Dental Disease"
NO CLINIC

December 12, 1972
Joint meeting with Hampden District Medical Society
Program to be announced

January 9, 1973
DONALD R. MORRISON, M.D.
Director, Department of Respiratory Therapy,
Hartford Hospital
"Doctor, Doctor Be More Wary. How Well Does Your Patient Breathe?"
CLINIC: Wesson Memorial Hospital

February 13, 1973
ROMAN W. DE SANCTIS, M.D.
Department of Medicine, Cardiac Unit
Massachusetts General Hospital
"New Approaches To Non-arrhythmic Complications of Myocardial Infarction"
CLINIC: Springfield Hospital Medical Center

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by
HARRY L. ROBERTS, M.D.
CHAIRMAN, GOLF DAY COMMITTEE

The tenth annual HDMS Golf Tournament was held under blue skies but with a lot of heat and humidity on July 19, 1972, at the Twin Hills Country Club, Longmeadow. Thirty-two members and guests played the game and twenty-nine of same sat down to an excellent dinner and reminisced over the events of a most enjoyable day.

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To the Editor:

While I fully realize that annual requests for charity are bothersome and sometimes downright harassing, it is the only way to raise money for much needed community services, many of which are medically oriented. Without this money these services will die unless there is government intervention.

As we are all painfully aware, government continues to threaten our professional lives more and more. By supporting these local community services through the United Way of giving, we can at least forestall government intervention in a segment of our private lives.

Please help when you receive your card this year by pledging at least $100 for the annual Pioneer Valley United Fund-Red Cross Campaign.

C. PAUL NAY, M.D.
Chairman – Doctors' Division
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HDMS Meeting, September 26
HDMS Executive Committee Meetings, October 17 and November 21
MMS Council Meeting, Boston, October 13
American College of Surgeons, San Francisco, October 2-6
American Roentgen Ray Society, Washington, D.C., October 3-6
Society for Clinical and Experimental Hypnosis, Boston, October 10-15
American Academy of Pediatrics, New York, October 14-19
American College of Chest Physicians, Denver, October 22-26
AMA, Clinical Meeting, Cincinnati, November 26-29

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